

Eagle's Landing Christian Academy



Code2Life Coding Camp



Here's your chance to learn to code

OR

Improve your coding skills!

Plus...

Critical Thinking Skills - Coding Terminology - Math Skills

Dates: June 7 - 10, 2021 (Monday – Thursday)

Cost: \$225 (Includes all supplies & a camp t-shirt)

Time: 9:00am – 12:00 noon each day

Code2Life



Eagle's Landing Christian Academy



Code2Life Coding Camp

Camp Enrollment Form

Student Name: _____

Student Age: _____

Student Grade 2020-2021 School Year: _____

Student Email Address: _____

Student Cell Number: _____

Student T-shirt size: Adult Small Adult Medium Adult Large Adult XLarge
(circle correct size)
 Youth Small Youth Medium Youth Large

Parent/Guardian Name: _____

Parent/Guardian Cell Number: _____

Please make check for \$225 payable to ELCA.

Return enrollment form and payment to ELCA by May 24, 2021.

Instructor qualifications: Advanced degree in computer science and mathematics, former IBM employee, high school AP Computer Science & Advanced Computer programming educator, and K-12 technology director.

Student facilitator qualifications: ELCA graduate with computer programming course work & experience, pursuing a Computer Science degree at a Georgia university.

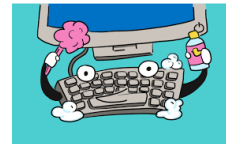
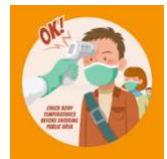
Eagle's Landing Christian Academy



Code2Life Coding Camp

Camp Safety Precautions due to COVID-19 and CDC guidelines:

- All students will enter at the south portico entrance at ELCA each day. Students should arrive between 8:45am – 8:55am.
- Student temperatures will be checked at the door each morning prior to going upstairs for camp. Students running a fever will not be allowed to participate in camp.
- Parents must drop off their student with the camp helper at the drop off location each morning. The camp helper will ensure that the camper makes it to the Mac Lab each day for camp.
- Students must wear a face mask to camp each day.
- It is our intention to maintain proper physical distancing during the camp.
- Hand washing will be enforced throughout the camp daily and hand sanitizer will be available at each computer station.
- Computers will be sanitized before and after student use and computers will not be shared during the camp.
- Students must bring their own snack and their own water bottle to camp each day. These will be kept with the student at all times and may not be shared with other students.
- Parents will pick their student up at the south portico entrance at ELCA when camp ends at 12:00noon. A camp helper will be waiting with the students until their parent arrives, so please arrive on time each day.



Eagle's Landing Christian Academy Summer Enrichment Camps

LIABILITY AND MEDICAL RELEASE

Student Last Name	First	Middle	"Goes By"	DOB	Grade just completed	Sex
-------------------	-------	--------	-----------	-----	----------------------	-----

As parent or legal guardian of the above-named participant, I give permission for my child to attend the activities and/or events that Eagle's Landing Christian Academy/Fast Forward Summer Enrichment Camps will be conducting during the year 2018-2019. The participant and his or her parents/legal guardians will decide whether the individual will participate in any particular event during the year. If the participant and his/her parents/legal guardians elect to participate in any particular activity during 2018-2019, this authorization and consent shall apply. I understand that some functions will include transportation to and from functions locally and outside of McDonough, GA and will involve activities in which an adult will work with a group of students. The adult will not be able to provide individual attention and supervision to each participant at all times.

I, as parent or legal guardian, and on behalf of the above named participant, hereby release, hold harmless and indemnify Eagle's Landing Christian Academy/ Fast Forward Summer Enrichment Camps its officers, directors, employees, agents, partners, and volunteers from and against any and all claims, causes of action, actions and/or liability of every nature and kind pertaining to such activities waive and relinquish whatever right either may have or which might otherwise or might occur against ELCA, its officers, directors, employees, agents, partners and volunteers.

Student lives with: Both Parents _____ Mother _____ Father _____ Other _____

May child be released to either parent? _____ **If not, legal documentation is required to be on file.**

Father's Name	Place of Employment	Wk Phone	cell number
---------------	---------------------	----------	-------------

Mother's Name	Place of Employment	Wk Phone	cell number
---------------	---------------------	----------	-------------

I agree to keep the facility informed of any changes in telephone numbers, etc., where I may be reached.

I give ELCA permission to use photographs, videotapes or other recordings of my child for promotional purposes of ELCA programs. Yes ___ No ___

Sometimes, but not often, accidents happen and children are injured while at school or on a school function. ELCA does not employ a nurse during the summer or school breaks to provide assistance with accidents that result in injuries. ELCA, ELCA, and their staff of employees are not responsible or liable for damages or the costs of medical care or treatment that the injury may necessitate. Provided the medical care and treatment of the participant is on the advice of a licensed physician, I authorize and request all physicians, hospitals or other providers of medical services to follow the instructions of any person identifying himself/herself as an adult supervisor of the students of ELCA/FFSEC, at any time and under any circumstances whatsoever. I understand that the authorization and consent herein provided includes any X-ray examination, anesthetics, medical or surgical diagnosis, or treatment, and hospital care rendered to the participant under the general or special supervision or on the advice of a licensed physician, surgeon and anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

In the event my child is sick or injured and I cannot be reached, please contact the following person(s) in this order. My child may also be released to the following person(s):

1.

Name	Relation to child	Day phone/cell number/etc.
------	-------------------	----------------------------
2.

Name	Relation to child	Day phone/cell number/etc.
------	-------------------	----------------------------
3.

Name	Relation to child	Day phone/cell number/etc.
------	-------------------	----------------------------

MEDICAL INFO:

Child's Physician	Phone	Hospital choice
-------------------	-------	-----------------

Name of Child's Medical Insurance Co.	Phone	Policy Number
---------------------------------------	-------	---------------

In the event we're unable to contact you, the school has permission to give: Tylenol ____ Motrin ____ Cough Drops ____
YCEP staff is authorized to apply bug spray to my child for outdoor activities: Yes ____ No ____
YCEP staff is authorized to apply sunscreen to my child for outdoor activities: Yes ____ No ____
In the event of an **allergic reaction** or **insect sting**, the school may give Benadryl or apply Benadryl Cream: Yes ____ No ____
Has your child had chicken pox or immunization? Yes/No

A child must wait 24 hours before returning to school if his/her temperature is 99.6 or higher.

What daily medication is the student taking? _____

To what medication is the student allergic? _____

To what food is the student allergic? _____

Any other allergies? _____
An Allergy Action Plan form is required if student has an allergy of any kind.

Does the student have asthma? __ Yes* __ No (*Please be sure we have an extra inhaler at school at all times.)

Explain any other **important medical conditions or special needs** we need to know. _____

Note: All medication must be sent to the school by the parent or guardian. Parents or guardians may send medicine for a child if both proper instructions and original containers are sent with the medicine. If your child is prone to having headaches or allergies, please send medication to be available as your child needs it.

By signing this application, I agree to all financial policies on the FFSEC enrollment forms including the following:
Registration and holding fees are nonrefundable. Enrollments accepted within 1 week of attendance will result in a \$20.00 increase in weekly fee. Cancellation Policy: You must cancel at least 1 week in advance to avoid being billed for the week/schedule in question or to alter the number of days attended for that week. Weekly fees are not refundable when cancelled within 1 week of scheduled attendance. A signed change/withdrawal form is required 1 week in advance to alter billing. No billing can be altered within 1 week of attendance. A \$1.00 per minute late pick-up fee applies after 6:30PM to be paid directly to staff member upon arrival. There is a \$5.00 fee any time your child is not signed in or out for issues of safety. There is a \$6.00 charge for providing an emergency lunch.

Initial HERE:

My child has my permission to ride school transportation for field trips during the FFSEC term. School policy is that all students must ride the school bus or van unless they ride with their parent/guardian. Students may not ride to or from a field trip with another parent without prior written authorization.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE WITH THIS RELEASE OF ALL LIABILITIES, AUTHORIZATION OF ALL MEDICAL TREATMENT BY A LICENSED PHYSICIAN, AND AGREE TO COMPLY WITH ALL FINANCIAL POLICIES OF YCEP. A PHOTOCOPY OF THIS DOCUMENT SHALL SERVE AS THIS ORIGINAL.

The consent, waiver, authorizations indemnification and release provisions hereof shall remain in full force and effect until written notice of revocation is received by ELCA and its office in McDonough, GA.

Parent / Legal Guardian Signature _____ Date _____